

Parkwood Care Application For Employment

Applica	liOii	FUI		pioyini	FIIL	
Job applied for:				Reference No:		
It is strongly recommended that you read the information in the application pack before completing this application form. Please fully complete this form using type or black ink. Please answer the questions fully, referring to the Person Specification and provide examples of the relevant abilities and experiences you have gained. A curriculum vitae is not an acceptable form of application. Applications received after the closing date will not normally be considered.						
Return the completed app	olication	form to	: Telep	hone:		
			E-mail	: info@parkwoodc	are.co.uk	
			Fax:			
The information you s	supply o	on this	form will	be treated in	confidence	
Personal details						
Last name:						
First name(s):						
Address:						
Post code:	1		Email:			
Home telephone:			Daytime to	elephone:		
Mobile telephone:						
National Insurance No:						

Are you applying for	Yes 🗌		No 🗌	
Do you have a job s	hare partner ?	Yes 🗌		No 🗌
Do you hold a UK/El	J passport?	Yes 🗌		No 🗌
Which visa to you cu	rrently hold			
Date of recognition a in England/Wales (if	s a qualified teacher applicable):			
RP/DFES/GSCC Re if applicable:	ference Number			
Dates not available to (If these dates clash we will try to re-arranguarantee to do this)	with the interview date	•		
	are successful you r e above details prior			
Current or most	recent employmer	nt / volun	tary v	vork
Employer:				
Job Title:				
Address:				
Post code:				
Current/last salary:	G	rade:		
Benefits:				
Current start date:				
Date of leaving (if				
Applicable)				
Reason for leaving:				
Period of notice:				
-	nain duties/responsibili a separate sheet if ne			

Previous Employmen	nt or Work Experience Rec	ord	
	s of all your previous paid and ur full-time education, explaining an		ment in
Name of employer and type of business	Position held, duties and responsibilities	Reason for leaving	Dates (months/ years) from - to

Education Qualifications & Training obtained from schools / colleges / universities					
Name of Schools, Colleges, Universities etc.	Name of qualification	Full Dates Start Date End Date	Qualifications and Grades (if applicable)		

Membership of Professional Organisations and Institutions Please provide details of any other relevant qualifications or records of achievement (e.g. courses attended), including membership of professional bodies. (Please note, if you are appointed we will need to see your original qualification certificates. Continue on a separate sheet if necessary). Professional Date obtained Membership status By examinations (yes/no) **Professional** Bodies or Institution

Personal Statement
Abilities, skills, knowledge and experience
Please use this section to explain in detail how you meet all of the requirements of the Person Specification and why you consider yourself suitable for the post. This should include all aspects of your education and experience, including paid or voluntary work, study or training that are relevant to this position.

References

Please provide the details of three people to whom you are not related and to whom a request for a reference can be made relating to your work experience and suitability for the post for which you are applying. As a minimum, one should be your current employer, or if you are unemployed, your last employer. In the case of school/college/university leavers, your tutor.

Please note that we reserve the right to approach any of your previous employers for a reference.

In accordance to SAFER Recruitment, for all positions within social care, reference details are required to be provided for all employment for the previous four years (additional information can be submitted during an interview).

Reference 1			
Name:			
Job title:			
Work relationship:			
Organisation:			
Address:			
		Post code	:
Telephone:			
E-mail (please provide work email address			
May we approach then	n at this stage?	Yes 🗌	No 🗌

Reference 2					
Name:					
Job title:					
Work relationshi	o:				
Organisation:					
Address:					
			Post code:		
Telephone:					
E-mail:			,		
May we approac	h them at thi	s stage?	Yes 🗌	No 🗌	
Reference 3 (Pe	rsonal or cha	racter refe	rence)		
Reference 3 (Pe	rsonal or cha	racter refe	rence)		
	rsonal or cha	racter refe	rence)		
Name: Relationship to	ou	racter refe	rence)		
Name: Relationship to applicant: How long have y	ou on?	racter refe	rence)		
Name: Relationship to applicant: How long have y known this person	ou on?	racter refe	rence)		
Name: Relationship to applicant: How long have y known this person	ou on?	racter refe	rence)		
Name: Relationship to applicant: How long have y known this personal transfer occupation/statu	ou on?	racter refe	rence)		
Name: Relationship to applicant: How long have y known this personal transfer occupation/statu	ou on?	racter refe	rence)		
Name: Relationship to applicant: How long have y known this personal transfer occupation/statu	ou on?	racter refe	Post code:		
Name: Relationship to applicant: How long have y known this personal transfer occupation/statu	ou on?	racter refe	Post		
Name: Relationship to applicant: How long have y known this personant occupation/statu	ou on?	racter refe	Post		

Driving Licence Details					
For posts which require a driving licence as listed in the person specification, please answer the following questions.					
Do you hold a full, clean, current driving licence which enables you to drive in the UK?	Yes 🗌	No 🗌			
If yes, please state the type of licence:					
If you are successful you will be required prior to your appointment.	d to provide	e evidence of the licence	8		

Declarations
Criminal convictions
Do you have a Criminal Conviction(s) or police caution(s)? Yes No
This post involves working with children and vulnerable adults and therefore requires an enhanced DBS disclosure. The Rehabilitation of Offenders Act 1974 states that "if a person wants to apply for a position that involves working with children and/or vulnerable adults they are required to reveal <u>all</u> convictions (and/or cautions) both spent and unspent". All applicants should therefore be aware that regardless of the age of the offence/s it will appear on the enhanced DBS disclosure.
If you answer yes and you are successfully shortlisted you will be expected to provide the panel with details of the conviction(s) or offence(s) in a sealed envelope marked 'private and confidential'. The envelope will only be opened and considered if the panel agree to appoint you for the post. If you are not selected the envelope will be securely destroyed.
Failure to disclose any conviction(s) for an exempt post, whether spent or not may lead to the withdrawal of the offer of employment. If the job description for the post you are applying for indicates that a Criminal Records Bureau Disclosure is required, further information will be provided to you if Parkwood Care makes you an offer of employment

Data Protection Act 2018

Under the Data Protection Act 2018, Parkwood Care reserves the right to collect, store and process personal data about applicants in so far as it is relevant to your application. This also applies during employment and for six years thereafter. This includes processing of sensitive data for the purposes of monitoring Parkwood Care's equality and diversity policy.

State	ment to be signe	ed by the	applicant		
your a	e note: If you are retapplication upon been will be notified wi	eing called	d for intervi	ew. Candidate	
Signed	ł:			date:	
			-		
	Emplo		ood care nt Mor	nitoring	
the polic the strict	od Care has an equally is working effective test confidence and part of the interview	ely. The inwill be use	formation your don't do not state the state of the state	u provide will b	e treated in
About y	ou				
Last nan	ne:				
Post cod	le				
Where dadvertise	lid you see this job ed?				
Gender					
Are	Female	Male [Transgender [
Is your (gender identity the s Yes	ame as the No	<u> </u>	en you were bo Decline to	

Applying for:	Full time	Pa	rt time	Jo	ob Share 🗌	
Ethnicity						
Asian / British	Asian					
Bangladeshi [Chi	nese		
Indian			Pal	kistani		
Vietnamese				an other ecify)		
Ethnicity contin	nued					
Black / Black E	British	T		T		
Caribbean				Somali		
Other African						
Black other (sp	ecify)					
Mixed or Dual	Heritage					
White & Asian				White & B	lack African	
White & Black C	Caribbean			Mixed other	er (specify)	
White						
English				Irish		
Scottish				Welsh		
Northern Irish				Irish Trave	eller	
White other (sp	ecify)			Gypsy / Ro	oma	
Declined to Sta	ate					
Other ethnic b	ackground	I (specify)				
Specify (from a	above)					

Sexual Orientation					
How would you defin	ne your sexual orier	ntation:			
Bisexual					
Gay man					
Heterosexual / straig	ght				
Lesbian woman					
Decline to state					
Age					
Date of birth:					
(dd/mm/yyyy)					
Religion / Belief					
What is your religiou	us belief?				
Buddhist		Jewish			
Christian		Muslim			
Hindu		Sikh			
No Religion					
Other (specify)					

Disability
Do you consider yourself to be disabled? Yes
If yes:
Learning difficulty
Long standing illness / health condition
Mental Health
Physical impairment
Sensory impairment
Other (specify)
What do we mean by a disability
The Disability Discrimination Act defines disability as 'a physical or mental impairment with long term, substantial effects on ability to perform day to day activities
Examples of Disabilities
The following list of conditions or impairments is given as a guide only and is not meant to be exclusive. We have provided this list as it may help you to answer the question.
Hearing, speech or visual impairments (if you wear glasses or contact lenses this is not normally considered a disability)
Co-ordination, dexterity or mobility (eg polio, spinal cord injury, back problems, repetitive strain injury)
Mental health (eg schizophrenia, depression, severe phobias)
Speech impairment (eg stammering)
Learning Disabilities (eg Down's syndrome)
Other physical or medical conditions (eg diabetes, epilepsy, arthritis,cardiovascular conditions, haemophilia, asthma, cancer, facial disfigurement, sickle cell, dyslexia etc)

Declaration
I confirm that to the best of my knowledge, the information given in this monitoring form is true and correct.
I hereby provide consent to the collection, storage and processing of my personal data. If you are returning this form by e-mail, you will be asked to sign your application upon being called for interview.
Signed
Date

Please complete and return this form together with your completed application form to Parkwood Care

This form will not be included in the shortlisting process but would be if selected for interview

Parkwood Care is a residential children's home service and as such, all employees have direct access to young people. All posts within Parkwood Care are considered exempt from the Rehabilitation of Offenders Act 1974. In practice, this means that all applicants **must disclose all previous and pending convictions**, even if they are considered 'spent', or be liable to prosecution.

With the exception of offences against children, a **previous conviction will not automatically bar an applicant from employment**. We will make all decisions based on careful consideration of all the information available to us. In line with Government guidance, the Registered Manager, Responsible individual and the directors, in each case, consider the following;

- whether the conviction is relevant to the employment;
- the length of time since the offence occurred;
- whether the applicant has a pattern of convictions;
- whether the applicant's circumstances have changed since the offence was committed.

It is important that all applicants and existing staff understand the need to disclose convictions, and are actively encouraged to do so, so that any convictions can be fully discussed during the recruitment process. If the Registered Manager feels that further clarification is required, further information may be sought from additional sources, for example, previous employers, placements etc. We may also ask the applicant to supply additional references. For further information please refer to the Safer Recruitment Policy.

Disclosure of Criminal Records

All applicants will be vetted via **the Disclosure and Barring Service to an enhanced level**, prior to commencing employment. More details regarding this can be found at http://www.DBS.gov.uk DBS records provide Parkwood Care with details of an individual's criminal record and other charges and cautions, **irrespective of the time elapsed since conviction**. Applicants should be aware that, should a DBS record show convictions which were not disclosed by the applicant prior to interview, Parkwood Care will consider this as a fundamental breach of trust. If this situation arises the individual is liable to be summarily dismissed or have any offer of employment withdrawn, **irrespective of the nature of the conviction**. It is an offence to apply for a post for which you are disqualified.

Please complete Parts 1–4 and return this along with your application form. This information will be treated in the strictest confidence and will only be seen by senior management and authorised staff involved in the selection process. Should you not be selected for a position the form will be destroyed.

PART 1						
Are you currently subject to any criminal charges or investigations?				YES 🗆	NO 🗆	
Have you ever received or been subject to any of the disposals noted in Part 1A? (if yes please complete Part 1A)				YES 🗆	NO 🗆	
PART 1A						
Conviction(s)		Warning(s)		Reprimand(s)		
Caution(s)		Charge(s)		Supervision Order(s)		
Dropped Charge(s)		Custodial Sentence		Other		
What was the incident(s) th	nat resuli	ted in the above?				
When did it happen?						

Have you offended since?	
What have you learnt from your experience?	
PART 2	
PART 2 Are you on the List 99, 'Disqualified from Working with Children' list or a list governed by the Disclosure and Barring Service.	YES NO
Are you on the List 99, 'Disqualified from Working with Children' list or a list governed by	YES NO YES NO
Are you on the List 99, 'Disqualified from Working with Children' list or a list governed by the Disclosure and Barring Service. Are you subject to any sanctions imposed by a regulatory body? (If yes please detail	
Are you on the List 99, 'Disqualified from Working with Children' list or a list governed by the Disclosure and Barring Service. Are you subject to any sanctions imposed by a regulatory body? (If yes please detail below) Have you ever been subject to an investigation or enquiry into abuse or other	YES NO
Are you on the List 99, 'Disqualified from Working with Children' list or a list governed by the Disclosure and Barring Service. Are you subject to any sanctions imposed by a regulatory body? (If yes please detail below) Have you ever been subject to an investigation or enquiry into abuse or other inappropriate behaviour, either within or outside the workplace?	YES NO YES NO YES NO

PART 3 - DECLARATION

- I declare that, except for the above disclosed, I have not been found guilty and sentenced by a court for a criminal offence, either in the UK or abroad.
- I give my consent to Parkwood Carel to carry out an Enhanced DBS check and to request references in order to verify the information I have provided in this declaration form.
- I agree to inform Parkwood Care if I am convicted of a criminal offence before or after I take up any post within the organisation. I understand that failure to do so could lead to disciplinary action and termination of employment.
- I declare that I have not withheld any information.
- I consent to medical information relevant to the post for which I am applying being sought from the doctor who has attended me recently and I authorise that such information may be given.

Signed:	Date:
Name	
Name:	